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Draft country programme document***

Madagascar

Summary

The Executive Director presents the draft country programme document for Madagascar for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$25,710,000 from regular resources, subject to the availability of funds, and \$42,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4(E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.



*Basic data
(2002 unless otherwise stated)*

Child population (millions, under 18 years)	8.6
U5MR (per 1,000 live births)	136
Underweight (% moderate and severe, 2000)	33
Maternal mortality ratio (per 100,000 live births, 2000)	550
Primary school enrolment and attendance (% net, male/female, 2000)	67/68 60/63
Primary school children reaching grade 5 (% , 2000)	40
Use of improved drinking water sources (% , 2000)	47
Adult HIV prevalence rate (% , 2001)	0.3
Child work (% , children 5-14 years old, 2000)	30
GNI per capita (US\$)	240
One-year-olds immunized against DPT3 (%)	62
One-year-olds immunized against measles (%)	61

The situation of children and women

1. Madagascar remains one of the poorest countries in the world. According to the *Human Development Report 2003*, Madagascar has seen a decline in the Human Development Index from 2001, and ranks 149th among 174 countries. Around 70 per cent of people live on less than \$1 a day. The country's low GNI per capita reflects poor investment in social development. This and other facets of poverty are addressed in the Poverty Reduction Strategy Paper (PRSP) developed by the Government in collaboration with partners, which aims to halve poverty in 10 years through rapid, sustained development. While implementation of this strategy has commenced, much remains to be done. The situation is aggravated by the high annual population growth rate of nearly 3 per cent.

2. A review of the Madagascar-UNICEF programme of cooperation and a number of recent studies, including the Common Country Assessment (CCA), have highlighted major issues and trends regarding child rights. On the basis of these assessments, UNICEF is primarily concerned with child survival, education, HIV/AIDS, governance for child rights, emergencies and the development of decentralized social policies.

3. Under-five and maternal mortality rates have shown a gradual improvement in recent years. However, approximately 100,000 children under five die every year, according to the 2000 multiple indicator cluster survey (MICS), mainly from malaria, diarrhoeal diseases and respiratory infections, exacerbated by malnutrition. Malaria is the predominant childhood illness, accounting for more than one third of hospital deaths among under-fives, according to 2001 data. Nearly half of all children suffer from retarded growth and more than a fifth of women are malnourished, according to the MICS. Though trends indicate a slow improvement in access to safe drinking water and sanitation facilities, urban-rural variations are pronounced, with 88 per cent of the rural population lacking access to safe drinking water as opposed to only 33 per cent in urban areas, according to 2001 data. Only 36 per cent of children aged 12-23 months are fully immunized.

4. Efforts to build the capacity of duty-bearers in the country will need to address constraints of insufficient public resources, governance, and quality basic services. Also lacking are an adequate number of qualified and trained personnel, essential equipment and supplies. Moreover, budget allocations are unevenly distributed, infrastructure is not well managed, communities are not adequately involved in activities, and response to needs is slow. The Government has started addressing some of these issues, but more effort is needed. Poverty and ignorance are major factors. The MICS indicated that literacy rates among adults actually decreased, from 49 per cent in 1999 to 47 per cent in 2001, and showed significant disparities between men and women.

5. There are encouraging trends in education: Primary school net enrolment rates rose from 60 per cent in 1995 to 82 per cent in 2003, according to Ministry of Education statistics, and there is almost no gender gap. However, in terms of primary school completion, a gap of 10 per cent exists between girls and boys. Moreover, only 43 per cent of children reach grade 5, according to the Ministry of Education, and there are urban/rural disparities. Though learning achievement is improving, class repetition is very common. One reason for this is the insufficient number of teachers, especially in rural areas. What teachers there are generally lack adequate training and resources.

6. Commendable efforts have been made by the Government to address these issues through investment in pedagogical research, the provision of in-service training, the construction of schools, the institution of free primary education for all, the distribution of educational materials and an increase in the budget for education. However, many shortfalls still exist. Another constraint is that a large number of parents lack the resources to ensure their children's access to education.

7. A UNICEF-assisted survey of pregnant women in 2003 indicated that HIV prevalence is low, at just over 1 per cent of the population. The Government has shown strong political commitment to reduce the prevalence rate to less than 1 per cent, developing a National Strategic Plan. However, the prevention programme is still not fully in place. Service providers are poorly informed about HIV/AIDS and sexually transmitted infections, and the population has inadequate access to services for testing, counselling or treatment. Sex education, though included in the school curriculum, does not focus on life-skills education.

8. Malagasy society is slowly awakening to the reality of HIV/AIDS. Stigma surrounding the disease and a reluctance to discuss prevention issues impede programmes. Moreover, the groups that need them most are ill equipped to demand their right to these services as well as to information. Young people begin sexual relations early, and girls are made even more vulnerable to infection because of laws permitting early marriage, a common practice.

9. Problems relating to governance identified in the PRSP and United Nations Development Assistance Framework (UNDAF) include poor functioning and corruption in public institutions, including the justice system, and weak civil society organizations. Inadequate governance prevents (a) an enabling environment where child rights, including the right to health and education, can be realized, and (b) development of local networks where children can be protected from violence, abuse, exploitation, and discrimination.

10. The State commitment to fulfilling child rights is commendable. Key international conventions have been ratified and reporting has been made to the Committee on the Rights of the Child. The legislative framework has been enhanced by measures to protect the rights of children. However, effective law enforcement is limited because of inadequate material resources, insufficient numbers of judges and social workers trained in children's rights and related issues, weak coordination, and poor monitoring and reporting of child rights violations. Moreover, the administration of justice is weak, and is often hampered by arbitrary judgements, procedural delays, and limited access by the population. Demand for improved access and services is low because families and communities are generally ill-informed about child rights and protection issues. In 2003, the recommendations of the Committee on the Rights of the Child included: (a) harmonization and implementation of legislation, (b) establishment of an institution to monitor and evaluate progress in implementation of the Convention on the Rights of the Child, and (c) increased allocation of human and financial resources to health and education initiatives and to HIV/AIDS prevention.

11. The Government's decentralization policy includes the development of community-level plans. Child rights assurance is not yet systemically incorporated in these plans.

12. Natural disasters are frequent. While emergency response has improved, national and local institutional structures to deal with these disasters are not effectively prepared, coordinated or managed. Logistics and human resources are insufficient; specific measures to guarantee child rights in emergencies are non-existent.

Key results and lessons learned from previous cooperation, 2004

13. UNICEF played an important role as an advocate for children, influencing national policy and action. New priorities for children were built into the PRSP; immunization and anti-malarial programmes were implemented to reduce child mortality; free primary education for all was instituted; and on a pilot basis, child rights were incorporated into local policies.

14. A second area of achievement was the development of a wide network of partnerships in several areas. Particularly for HIV/AIDS, a coordinated effort by partners resulted in considerable advancement in structuring a national response to the pandemic. UNICEF played a key role in advocacy and building the capacity of partners. In addition, the broadening of partnerships in health and education improved coordination at national and local levels for fighting malaria and promoting immunization, nutrition and Education for All. UNICEF played a strategic role in promoting the integration of child rights into the programmes of partners.

Lessons learned

15. While the previous country programme for 2001-2003 achieved satisfactory results at the sector level, it was insufficiently child-centred. Because interventions were too dispersed and sectoral, programme results were not consolidated into a coherent whole. More in line with the current programme, spanning a bridge year in 2004, the proposed programme is more child-centred and aligns with Government priorities and the UNDAF.

16. Considerable success was achieved in community-based interventions in nutrition and in reinforcing parental and community participation in schools. However, a 2003 evaluation of community-based nutrition interventions showed that each sectoral programme used a different approach to community involvement. Harmonization and multisectoral synergy are needed. An integrated approach to child survival needs to consider current care practices, knowledge and attitudes among families and communities, the reasons for inadequate access and use of existing services, and locally appropriate ways of promoting behavioural change. This entails participatory research, with the involvement of families and communities as partners. In the previous programme, strategies to work with families largely excluded men. It is essential to promote the increased and responsible involvement of men in childcare as well as the equal participation of women in household decision-making.

17. In cases where implementation of programmes for assuring child rights was poor, the causes could be found in structural inadequacies, including in the legal and policy framework and service provision, as well as a lack of capacity and knowledge at family and community levels.

The Country Programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child Survival	10 650	20 800	31 450
Education	5 060	11 000	16 060
HIV/AIDS	2 600	5 000	7 600
Governance for child rights	2 000	3 400	5 400
Intersectoral programme	3 150	1 800	4 950
Cross-sectoral costs	2 250	-	2 250
Total	25 710	42 000	67 710

Preparation process

18. The PRSP provides a broad poverty analysis and proposes the national response based on the Millennium Development Goals. The CCA/UNDAF, validated in 2003 and fully coherent with the PRSP, presents an analysis of challenges to overcome and a synergistic framework for action in 2005-2009 on the part of United Nations agencies. The UNDAF identifies five priority areas: (a) health, (b) education, (c) HIV/AIDS, (d) governance and economic growth, and (e) food security.

19. UNICEF is committed to working in four of the five areas. Although the fifth priority area, food security, impacts on children and women, it is covered by other partners. Under the leadership of the Ministry of Economy, Finance and Budget, multisectoral working groups defined the role, objectives, and nature of interventions that would form the contribution of UNICEF to achieving UNDAF/PRSP objectives. This collective assessment drew on recent lessons learned

from evaluations, project reviews, exchanges of ideas on reforms planned by Government partners, and operations research in health, education and water supply. Reference was made to national priorities, as well as to the Millennium Development Goals, the MTSP priorities and the recommendations of the Committee on the Rights of the Child. A Strategy Note resulting from this participatory effort was discussed and refined at a Strategy Meeting held with the Government and partners. The above processes form the basis for the proposed programme.

Goals, key results and strategies

20. The overall goal of the country programme is to promote a culture of child rights and to contribute to tackling the main obstacles to the enjoyment of rights by all children in the areas of child survival, education, HIV/AIDS and governance. The programme aims to contribute to achieving the following results by 2009: a reduction of 30 per cent in under-five mortality, achievement of 80 per cent net primary enrolment and a primary school completion rate of 75 per cent, a reduction in HIV/AIDS seroprevalence to less than 1 per cent and the development of an environment ensuring child rights.

21. Based on lessons learned from the previous programme, the overall strategy is to: a) reinforce the capacity of government duty-bearers to ensure child rights at national, intermediate and district levels; b) to create an environment conducive to the assurance of child rights; and c) reinforce the ability of families and community members to demand realization of child rights and develop their capacities to fulfil their obligations to children.

22. More specifically, the following strategies will support the achievement of key results: (a) development of a political, legal and institutional framework for child rights application; (b) mobilization of political commitment and development of institutional capacity at all levels to invest in and deliver quality universal services; (c) development of the capacity of communities and families to demand and utilize these services and other means to realize children's rights, emphasizing child participation; (d) operational research in targeted areas and the development of innovative project models for wide-scale replication; (e) promotion of a multisectoral approach, networking and coordination; (f) development of a wide partnership, including the public and private sectors and non-governmental organizations (NGOs), with an emphasis on strengthening national leadership; (g) capacity development of communicators and the media; and (h) continuous monitoring and assessment of the situation of children and women and of the implementation of programmes that assure child rights.

23. UNICEF will play a central role in these efforts by facilitating dialogue, coordination and exchange of experiences among partners and by providing key catalytic inputs, such as technical assistance, training and some essential supplies. UNICEF will also play a strong role in orienting policy towards disparity reduction, and in documenting interesting and successful experiences for replication.

24. The key results to be achieved that are listed here contribute to the outcomes identified in the UNDAF results Matrix and the PRSP. The child survival programme will contribute to a reduction of (a) 30 per cent in the under-five mortality rate, (b) 50 per cent in under-five morbidity, and (c) 25 per cent in the maternal mortality ratio. In primary education, the programme will contribute to:

(a) the provision of quality education for *all* children, (b) achievement of a net enrolment rate of 80 per cent, (c) a school completion rate of 75 per cent, and (d) a reduction in the repetition rate to 5 per cent. In HIV/AIDS, the programme will contribute to (a) reduction in HIV prevalence to less than 1 per cent, (b) and reduction of 25 per cent in HIV prevalence among young people, and (c) a reduction of 50 per cent in parent-to-child transmission of HIV. In governance for child rights, the programme will contribute to the development of (a) an environment conducive to the realization of child rights, and (b) of protective networks for children at the community level.

Relationship to national priorities and the UNDAF

25. The country programme is based on priorities indicated in the PRSP, the CCA/UNDAF and the recommendations of the Committee on the Rights of the Child. Key programme results are inextricably linked to the UNDAF results matrix, which, in turn, contribute to the achievement of national development goals defined in the PRSP.

Relationship to international priorities

26. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach of the country programme are consistent with the Millennium Development Goals that have been endorsed by the Government and form the basis for the PRSP. The programme addresses all priority areas identified in the Plan of Action of *A World Fit for Children*, the Abuja Declarations on malaria, HIV/AIDS, tuberculosis and other infectious diseases, and four out of the five MTSP priorities. The fifth MTSP priority, girls' education, is mainstreamed in the education programme and is incorporated also through the 'Girl-to-Girl' initiative, aimed at improving girls' attendance and continuation in school. A focus however, is on improving access to quality education for all, improved learning achievement and retention of both boys and girls in school.

27. Close cooperation among agencies on requirements to attain the Millennium Development Goals facilitates the exploitation of the comparative advantages of each agency as well as joint advocacy for increased funding. UNICEF plays a leadership role among the agencies, particularly in the attainment of goals for quality education, HIV/AIDS, and the reduction of infant mortality.

Programme components

28. The programme has five components: child survival, education, HIV/AIDS, governance for child rights and an intersectoral programme.

Child survival

29. The overarching objective is to achieve, in line with Government priorities, maximum impact in the reduction of infant and child mortality. This component incorporates three essential packages, Expanded Programme on Immunization 'plus' (EPI+), Ante-Natal Care 'plus' (ANC+), and Integrated Management of Childhood Illness 'plus' (IMCI+). The 'plus' in these programmes refers to the fact that they serve as entry points for other interventions, such as vitamin A supplementation. It

includes, at all levels, an innovative methodology to establish a planning and information system aimed at identifying and responding to bottlenecks (Marginal Budgeting for Bottlenecks, or MBB).

30. Institutional reinforcement and policy development is the first sub-component. Advocacy will take place to have the national health sector reform focus on high-impact, low-cost interventions for reducing child and maternal morbidity and mortality. National health staff capacity will be reinforced at central, provincial and district levels to implement MBB, and the capacity of health and social service staff at district levels will be reinforced in participatory communication strategies for behavioural change relating to maternal and child survival.

31. A second sub-component, support for service delivery, will focus on improvement of service delivery at the local level for under-fives and pregnant women in the following areas: prevention and treatment of malaria, acute respiratory infection (ARI) and diarrhoeal diseases, vaccine-preventable diseases and malnutrition. The MBB tool will be applied to these efforts. UNICEF will play a critical role in reinforcing national supervisory capacity at every level and in establishing a mechanism to ensure quality. These efforts will also adopt an outreach strategy for EPI (EPI+), ensuring that EPI forms an entry-point for other services even in the most isolated districts. Essential supplies will be provided initially, with a mechanism for ensuring that supply independence is operational by the end of the programme cycle. Water, sanitation and hygiene interventions (WASH) will focus on installation of low-cost, replicable water points and latrines, and hygiene education in health centres and schools. UNICEF will continue to play a strategic role, in partnership with the World Bank, the World Health Organization, the United Nations Development Programme (UNDP), and NGOs. UNICEF will advocate for innovative strategies and support operational research on family-based care and treatment. The results of operations research in community-based care (including an emphasis on maternal health, the newly introduced antibiotic blisters packs and the new formula for oral rehydration salts) and of monitoring and evaluation will feed into policy development.

32. Through a third sub-component, district staff and NGOs will receive support to enhance family and community capacity for improved prevention and care modalities through the IMCI+ approach, enabling families to take responsibility for basic care at home and to demand services when necessary. In line with lessons learned, emphasis will be placed on enhancing the role of men in childcare and on the inclusion of women in decision-making. A key activity will be the capacity reinforcement of community agents, who will be equipped with essential products for home treatment of malaria, ARI, diarrhoea and prevention of malnutrition.

Education

33. In line with Government priorities outlined in its *Education for All* plan, the education programme focuses on reinforcing national capacity to provide access to quality primary education for all children while also strengthening family and community capacity to realize the educational rights of their children. This component was developed in coordination with a network of partners to ensure coherence in the approach and to exploit synergies in the attainment of objectives.

34. A first sub-component includes policy development and educational reform, focusing on reinforcing Government capacity in policy development at central,

regional and local levels. Capacity reinforcement will be provided at the school-district level for educational management, along with assistance in setting up a viable system of data collection, monitoring, and evaluation, including monitoring of learning achievement. This will complement capacity reinforcement handled by the French Cooperation in certain districts and major funding for institutional reinforcement by the World Bank to ensure nationwide coverage

35. The educational quality improvement sub-component focuses on operations research aimed at improving educational relevance, including competency-based approaches, management of multi-grade classes, lifeskills education (including for prevention of HIV/AIDS) and child-to-child strategies. UNICEF will advocate integration of these approaches within the education policy. Capacity reinforcement will be provided for education staff at all levels. This will link with World Bank funding to scale up successful experiences and with French Cooperation technical assistance in the districts.

36. School, family and community relations, a third sub-component, aims at generating increased parental and community involvement in school management to improve children's attendance, performance, and retention in school as well as education quality. Community-linked activities in WASH and the provision of school canteens will be complemented by interventions of the World Food Programme and the Food and Agriculture Organization of the United Nations. Parental education will focus on integrated early childhood development. This sub-component will complement World Bank funding for parent committees promoting school maintenance and the joint efforts of the Japanese International Cooperation Agency and International Labour Organization for school construction.

HIV/AIDS

37. This programme, focusing on pregnant women, adolescents, orphans and other children made vulnerable by HIV/AIDS, supports the National Strategic Plan and the Government-promoted strategy for facilitating a local response to the pandemic. A strong partnership under national leadership is already under way and will continue through the Partners' Forum and the United Nations thematic group on HIV/AIDS. UNICEF will continue to play a major coordination and advocacy role, and will contribute to the setting up of a second-generation surveillance system to monitor the epidemic.

38. Prevention of parent-to-child transmission (PTCT) of HIV will be complemented by support for the development of appropriate legislation. Capacity reinforcement and support will be provided to the Ministry of Health to integrate interventions for the prevention of PTCT within existing services for antenatal care. This will include the sensitization and training of health centre staff to enable them to broaden service provision for seropositive pregnant women and their partners.

39. To ensure that young people have access to information and to support services, the sub-component on young people and HIV/AIDS includes the integration of competency-based HIV/AIDS education within the school curriculum, development and implementation of a peer-education strategy for adolescents (including out-of-school youth), use of radio networks and the creation of community-based youth-friendly health services to provide information, support, and services.

40. The sub-component dealing with children affected by HIV/AIDS will advocate for and assist the development of policy and legislation for orphans and vulnerable children concerning protection, access to services and non-discrimination. It will also support provision of technical assistance for the development of strategies improving psychosocial and health care for such children and reinforcing the capacity of families and communities to respond to the children's needs.

Governance for child rights

41. The programme aims to support the national goal of improved governance, implement the recommendations of the Committee on the Rights of the Child and develop community networks for protection of children. The sub-component on environment of child rights assurance and protection will contribute to creating an enabling environment for the realization of child rights at the national level. Advocacy and technical assistance will support the development of a policy-making, legal, social and cultural framework harmonized with the principles of the Convention on the Rights of the Child. The framework will include a coordination mechanism for child rights monitoring as well as an ombudsperson. Capacity reinforcement will be provided for justice, law enforcement and social-service staff. Technical assistance will facilitate the development of sectoral policies and corresponding action plans, particularly in the areas of birth registration, juvenile justice, the elimination of violence and exploitation, and child labour. UNICEF support will complement that of UNDP, the World Bank, the European Union and the United States Agency for International Development for improved national governance.

42. The sub-component, community networks for child rights protection, aims to establish a public and private partnership network of organizations and institutions involved in child rights promotion and protection. This will be done in the context of the Inter-Agency Joint Programme for support to municipalities. UNICEF will support strengthening the capacity of key actors to mobilize support for child rights among children, families and communities. Capacity-building will also help to ensure adequate reporting, referral and treatment of cases of rights violations. Technical and limited material assistance will support policy development and child rights programming at the municipal level. This will include policy development and child rights programming in health, education, birth registration, juvenile justice, violence, exploitation and child labour, among other areas.

Intersectoral programme

43. The first sub-component involves information and communication. Programme communication will support the country programme with strategies focused on individuals, their immediate surroundings and the wider environment. These strategies will include use of mass media, public events, group discussions, peer education, training, school-based interventions, social marketing and lobbying. Participatory methods will be used to design strategies and messages. The programme will advocate with partners for inclusion of multisectoral communication strategies at all levels of programme planning, monitoring and evaluation.

44. Communication activities will promote child rights by improving the visibility of children's issues and voices in the media. Key activities will include training

sessions that improve the media partners' knowledge of child rights, creation of a child rights media kit, development of quality radio and television programmes with and for children, regular polling of children's opinions and the creation of junior reporter clubs.

45. Planning, incorporating monitoring, evaluation, social policy development at decentralized level, is the second sub-component of the intersectoral programme. Planning will focus on (a) establishment of a system to monitor child rights in Madagascar and the Indian Ocean States, and (b) reinforcement of the national information-management system for improved results-based management. In conjunction with municipal networks for child protection, this component will provide methodological and systems development support to decentralized planning and services delivery.

46. Emergency support, the third sub-component, will focus on reinforcing the capacity of the National Council for Disaster Preparedness and Response. Technical assistance will be provided for the development of protection measures for children during emergencies, including measures to prevent sexual violence and disruption of schooling. Advocacy will be carried out for systems development to ensure that schools and health centres in cyclone-prone areas are built with resistant material. Essential emergency supplies and equipment will be provided, including safe delivery kits, fortified food products, and water and sanitation facilities.

Cross-sectoral costs

47. These costs will cover the management and support of the overall country programme, including programme planning and coordination. Operating costs, such as staff and operating expenses related to supply, logistics, administration and finance, will be included in this category.

48. Regular resources will be used to (a) provide technical assistance for policy development and programme delivery, (b) support selected interventions of national scope and capacity-building, and (c) conduct operations research for new interventions. Other resources will contribute to taking a number of interventions to scale.

Major partnerships

49. Realization of child rights and protection necessitates intensive, integrated, intersectoral collaboration and strong institutional coordination. Under the leadership of the Government at central, provincial, district and municipal levels, multiple partnerships will be developed to create a genuine dynamic coordination beyond simple information exchange. These partnerships will include the United Nations agencies working under the umbrella of UNDAF, for coordination of programme development and implementation, as detailed in the UNDAF results matrix; the European Union and the World Bank, in the context of their policy of direct budget support to the education, health and social protection sectors; bilateral and multilateral partners, for coordination, policy dialogue and advocacy; national and international NGOs and civil society organizations, for implementation, advocacy and capacity-strengthening; the private sector, for advocacy, coordination, joint policy-development and funding; the media, for improved communication on child rights; and children, young people and families, for the promotion of greater participation in the claim to realization of rights.

Monitoring, evaluation and programme management

50. Tracking key indicators included in the results matrix will help to improve results-based management, coordinated by the Ministry of Economy, Finance and Budget. The Integrated Monitoring and Evaluation Plan, updated every six months based on programme review, will be incorporated within the National Monitoring and Evaluation Plan of the Ministry of Economy, Finance and Budget. Partner Ministries will integrate monitoring of programme implementation in their business plans. Methodologies to collect qualitative and quantitative data will include existing information systems (which will be strengthened and systematized), supplemented by field visits, surveys, studies, and evaluations. The UNICEF planning section will ensure that all programmes and projects are based on valid and reliable assessment and situation analyses and incorporate a multisectoral approach, and will support the establishment of a knowledge and information centre. The Madagascar database, called *MultiDataGasy*, and based on *DevInfo*, will support ongoing planning, monitoring and evaluation, as well as provide for inputs in monitoring child rights implementation at the subregional level through the Indian Ocean Child Rights Observatory. The Observatory aims to establish a database, and capacity for analysing, monitoring and implementing the rights of children in the countries of the Indian Ocean. Gaps in knowledge and understanding will be identified and filled. Among the studies to be conducted are those covering a child's transition from family to school, child labour, trafficking, child adoption, the juvenile justice system, and orphans and vulnerable children. MICS will be conducted in 2005, a general national census in 2006, and a Demographic and Health Survey in 2008.

51. UNDAF has set up a coordination system, a Steering Committee and a monitoring and evaluation mechanism in which UNICEF will fully participate. UNICEF will use these to coordinate with other United Nations agencies and with national partners, including NGOs. A United Nations thematic group for each of the UNDAF themes provides another mechanism for increased coordination. Past participation in the Thematic Group on HIV/AIDS has proved very useful in ensuring coordinated interventions based on the comparative advantages of individual agencies.

52. A joint country programme review will be conducted on an annual basis by the Government and UNICEF, with the participation of relevant United Nations and NGO partners. A comprehensive midterm review is envisaged in 2007, and a full programme evaluation in 2009. These will be carried out jointly with other United Nations agencies. Evaluations with individual donors will focus on the impact of cross-sectoral interventions, the results feeding into improved planning and response to the ongoing implementation of child rights.